

**NOTICE OF CONTRACT OPPORTUNITY  
APPLICATION FOR NAVY CONTRACT POSITIONS**

**GENERAL DENTIST  
ISSUE DATE: 21 NOVEMBER 2001  
THIS IS NOT A CIVIL SERVICE POSITION**

**I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 12:00 PM EST ON OR BEFORE 11 DECEMBER 2001. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:**

**Naval Medical Logistics Command  
ATTN: Code 022 (Mrs. Donna Blackstone)  
1681 Nelson Street  
Fort Detrick, MD 21702-9203  
Ph: 301-619-2062**

**A. NOTICE.** This position is set aside for one individual General Dentist. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing dental services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

**B. POSITION SYNOPSIS:** GENERAL DENTIST (1 Position) - NAVAL DENTAL CENTER SOUTHEAST, JACKSONVILLE, FL. The Government is seeking to place under contract, an individual who holds a current, unrestricted license to practice as a dentist in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. This individual must also (1) meet all the requirements contained herein; and (2), competitively win this contract award (See Sections D. and E.). A Productivity Incentive Plan will be incorporated into the resulting contract award.

You shall be on duty in the assigned clinical areas at the Naval Dental Center Jacksonville, FL. Unless healthcare workers are providing services within an enhanced productivity program (EPP), or unless otherwise specified, you shall provide services for 40 hours per week. You shall normally provide services for a 9 hour period, to include an uncompensated 1 hour for lunch, between the hours of 0700 and 1700 on Monday through Friday throughout the term of the contract. Specific hours will be scheduled by the Commanding Officer. You shall arrive for each scheduled shift in a well-rested condition and shall have had at least six hours of rest from all other duties as a Dentist in any setting immediately prior to reporting for the shift.

You shall accrue eight hours of personal leave at the end of every two-week period worked. At the discretion of the Commanding Officer, any personal leave accrued by the health care worker can be carried over through 31 December of the calendar year except during the last option year of the contract. Any personal leave not used by 31 December will be forfeited. Any personal leave not used by 30 September of the last option year will be forfeited.

Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a base period beginning from the start date (a date agreed upon between the successful applicants and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each year at the option of the Navy.

## II. Statement of Work

A. The use of "Commanding Officer" means: Commanding Officer, Naval Dental Center Jacksonville, or designated representative, e.g. Technical Liaison, Department Head.

**B. Suits arising out of Medical Malpractice.** The health care worker(s) is(are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are **not** required to maintain medical malpractice liability insurance

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

**C. DUTIES AND RESPONSIBILITIES.** You shall perform a full range of general dentistry services, within the scope of clinical privileges granted by the Commanding Officer, on site using government furnished supplies, facilities and equipment within the assigned unit of the Dental Treatment Facility. Workload occurs as a result of scheduled and unscheduled requirements for care. Your actual clinical performance will be a function of the Commanding Officer's credentialing process and the overall demand for General Dentist services.

You shall be responsible for the delivery of treatment within the personnel and equipment capabilities of the DTF, provision of mandated surveillance and preventive services, and the quality and timeliness of treatment records and reports required to document procedures performed and care provided.

### **ADMINISTRATIVE AND TRAINING REQUIREMENTS. You shall:**

1. Provide training and /or direction to supporting government employees assigned to you during the performance of clinical procedures. Such direction and interaction will comply with government and professional clinical standards and accepted protocols. You shall be subject to guidelines set forth in the Command's quality assurance and risk management instructions. You shall perform limited administrative duties, which include maintaining statistical records of workload and participating in clinical staff quality assurance functions and inservice training functions at the prerogative of the Commanding Officer.
2. Participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.
3. Participate in the provision of monthly inservice training to non-healthcare-practitioner members of the clinical and administrative staff on subjects germane to dental care.
4. Attend annual renewal of the following Annual Training Requirements provided by the MTF: family advocacy, disaster training, infection control, Sexual Harassment, Bloodborne Pathogens and Fire Safety.
5. Participate in the implementation of the Hospital's Family Advocacy Program as directed.
6. Perform administrative functions such as serving on boards and committees and attending or providing continuing dental education.
7. Attend Composite Healthcare System (CHCS) training provided by the Government for a minimum of four (4) hours, and up to a maximum of 40 hours.

8. Attend all annual retraining classes required by this command, to include Basic Life Support Level C (BLS-C) Certification.
9. Obtain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This training and certification will be provided by the Navy.

**Clinical Services:**

1. Routine workload is scheduled by the treatment facility. Primary workload is a result of appointments generated by patient activity through the department or scheduled through the dental treatment facility. You shall have full responsibility for diagnostic examinations and development of comprehensive treatment plans when indicated, delivery of treatment within the personnel, equipment, and supply capabilities of the facility. In addition, you shall have full responsibility for the quality and timeliness of preparation of dental records and reports for procedures performed and care provided. Patients frequently have overlapping, multiple symptoms and often require multidiscipline long-term treatment. You shall refer patients to staff specialists for consultative opinions and continuation of care and shall see the patients of other staff health care providers for consultation and treatment.
2. The work environment involves risks typically associated with the performance of clinical oral procedures. You may be exposed to contagious disease, infections and flying dental debris requiring the wearing of protection such as sterile gloves, masks and eyeglasses.
3. Your actual clinical performance will be a function of the Commanding Officer's credentialing process and the overall demand for dental services. Your productivity is expected to be comparable with that of other general dentists assigned to the same facility and scope of practice. You shall perform clinical appointments and scheduled procedures which include, but are not limited to the following: Restorations (amalgam and composite); Adult Prophylaxis and Adjunctive Services; Scaling and Root Planing; Comprehensive Oral Examinations; Oral Health Counseling; Dental and soft tissue examinations and Adjunctive Procedures. You shall also perform emergency procedures, which include, but are not limited to, the following: Unscheduled Examinations; Temporary Restorations; Pulpotomies.
4. Become familiar with and follow standardized (Navy) concepts of phased dentistry in a managed dental health care program and Navy standards of clinical care.
5. You may be assigned other duties consistent with the normal duties of a general dentist as directed by the Commanding Officer to include, but not limited to, participating in command quality improvement and assurance meeting, etc.
6. You shall be officially evaluated at least semi-annually on performance and adherence to requirements of this contract.
7. Additionally, you shall perform administrative functions such as serving on boards and committees and attending or providing continuing dental education.

**Orientation:**

1. You shall undergo a one-day on-site orientation period. Orientation shall include familiarization with the facility, introduction to the Quality Improvement Program, introduction to Naval Dental Center Southeast rules and regulations, introduction to military protocols such as military structure, time and rank, acquisition of parking permits, proper infection control protocols and clarification of rights and responsibilities.

**CREDENTIALS AND PRIVILEGING:** Upon award, you shall complete an IPF (Individual Professional File) prior to performance of services. The IPF will be maintained at the facility, and contains

specific information with regard to the qualifying educational degree(s) and professional licensure, past professional experience and performance, education and training, health status and competency as defined in Appendix (F) of BUMEDINST 6320.66C and subsequent revisions, and higher directives. A copy of this instruction may be obtained from the World Wide Web T <http://www-nmlc.med.navy.mil/code02/contractorinfo.htm>. (NOTE: Appendix J (Personal and Professional Information Sheet) is attached. This form must be completed by the successful offeror.)

**D. Minimum Personnel Qualifications.** To be qualified for this position you must:

1. Have either (a), graduated from an accredited dental school approved by the Council on Dental Education of the ADA within the preceding 12 months, or (b) graduated from an accredited dental school approved by the Council on Dental Education of the ADA and have experience as a General Dentist of at least 12 months within the preceding 36 months.
2. Successfully complete at least 12 classroom hours of continuing General Dentistry education within the preceding 24 months which maintain skills and knowledge as a General Dentist. This requirement is not applicable to new graduates per Item D.1., above.
3. Have a current, unrestricted license to practice as a General Dentist in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.
4. Be eligible for U.S. employment.
5. Provide two letters of recommendation from practicing dentists attesting to your clinical skills. Letters of recommendation must include name, title, date of reference, phone number, address and signature of individual providing reference. Recent graduates may provide letters of recommendation from faculty where General Dentist training was received per item D.1., above. Reference letters must have been written within the preceding 2 years.
6. Represent an acceptable malpractice risk to the Navy.
7. Submit a fair and reasonable price that has been accepted by the Government.

**E. Factors to be Used in a Contract Award Decision.** If you meet the minimum qualifications listed in paragraph D. above entitled, "Minimum Personnel Qualifications", you will be ranked against all other qualified candidates using the following criteria. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items. Following are the ranking criteria listed in descending order of importance:

1. Experience as a General Dentist, including but not limited to work previously performed in a contract position. This may also include subspecialty training or the ability to train other General Dentists or dental hygienists/assistants, etc, then,
2. The letters of recommendation required in item D.5, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc., then,
3. Total Continuing Education hours within the preceding 3 years, then,
4. Additional dental/medical certifications or licensure, then,
5. Prior military experience in a dental/medical field (Form DD214).
6. Current American Heart Association Basic Life Support (BLS) for Healthcare Providers or equivalent.

**F. Instructions for Completing the Application.** To be qualified for this contract position, you must submit the following:

1. \_\_\_\_\_ A completed\* " Personal Qualifications Sheet - General Dentist" (Attachment II).
2. \_\_\_\_\_ A completed Pricing Sheet (Attachment III).
3. \_\_\_\_\_ Proof of employment eligibility (Attachment IV).
4. \_\_\_\_\_ Two or more letters of recommendation per paragraph D.5., above. (If applicable)
5. \_\_\_\_\_ Central Contracting Registration Confirmation Sheet (Attachment V)
6. \_\_\_\_\_ Small Business Representation (Attachment VI)

\*Please answer every question on the " Personal Qualifications Sheet - General Dentist ". Mark "N/A" if the item is not applicable.

**G. OTHER INFORMATION FOR OFFERORS.**

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr2000.com>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment V to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

**CAGE Code:** A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

**US Federal TIN:** A Taxpayer ID Number or TIN is the same as your Social Security Number.

**NAICS Code:** A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for (enter HCW and NAICS code that applies).

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment III, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to Mrs. Donna Blackstone, Contract Specialist, who may be reached at (301) 619-2062.

We look forward to receiving your application.

**DEPARTMENT OF THE NAVY**  
**NAVAL DENTAL CENTER, JACKSONVILLE**

**General Dentistry - Core Privileges**

- Comprehensive dental examination, consultation, and treatment planning including the use of radiographs, photographs, diagnostic tests, impressions, jaw relation records and diagnostic casts.
- Preliminary diagnosis, initial treatment, or stabilization of oral manifestations of systemic disease
- Management of odontogenic infections and diseases through pharmacologic means and incision and drainage
- Post mortem dental exam for purposes of identification
- Preventive dentistry services
- Sedation and analgesia (oral) (patients over 12 years old)
- Restorative dentistry; inlays, onlays, amalgams, composites, bonding, veneers, pin or post retention
- Pulp caps, pulpotomy, pulpectomy
- Occlusal adjustment (limited)
- Provisional splinting
- Occlusal splint
- Root planing
- Apexification and apexogenesis
- Gingivectomy and gingivoplasty
- Gingival curettage
- Complete or partial dentures; new, relines, rebase, repair, immediate (uncomplicated)
- Crown, retainer, and pontic (uncomplicated) services not increasing the vertical dimension of occlusion
- Post and core procedures
- Tooth extraction (routine) including vertical or mesioangular, high partially encapsulated third molars
- Post trauma replantation
- Alveoloplasty concurrent with extractions
- Repair traumatic wounds (less than 2 cm and not crossing vermilion border)
- Local anesthesia
- Soft tissue excision/biopsy
- Foreign body removal in the treatment of acute trauma
- Osteitis and pericoronitis treatment
- Complete uncomplicated, nonsurgical root canal therapy for permanent teeth
- Bleaching of discolored teeth
- Space maintenance
- Removable orthodontic appliance to effect minor tooth movement or habit correction

**PERSONAL QUALIFICATIONS SHEET - DENTISTS**

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your acceptability based on Section H.7 of the solicitation. **In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item VIII of this Sheet.**
3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Individual Credentials File (ICF), all dental licenses held within the preceding 10 years, copy of American Heart Association CPR Health Care Provider Course Certification card (or equivalent), continuing education certificates, and employment eligibility documentation. If you submit false information, the following actions may occur:
  - a) Your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.
  - b) You may lose your clinical privileges. If that occurs, an adverse credentialing action report will be forwarded to your State licensing bureau and the National Practitioners Databank.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam no more than 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.
5. Practice Information (Section H.7.1.3):

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	___	___
2. Have you ever been a defendant in a felony or misdemeanor case? Indicate final disposition of case in comments)	___	___
3. Has your license to practice or DEA certification ever been revoked or restricted in any state?	___	___

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

**PRIVACY ACT STATEMENT**

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)mm/dd/yy



**Personal Qualifications Sheet - Dentist****I. General Information**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Last First Middle

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

**II. Professional Education:**

Doctorate Degree in Dentistry from (Provide name of ADA accredited School &amp; location)

\_\_\_\_\_

Date of Degree: \_\_\_\_\_ mm/dd/yy)

Location and date of General Dentistry Residency training (Provide name of ADA accredited School &amp; location) \_\_\_\_\_

Date of Degree: \_\_\_\_\_ mm/dd/yy)

**III. Continuing Education:**

<u>Title of Course</u>	<u>Course Dates</u>	<u>CE Hrs</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IV. Professional Licensure, Dental** (License must be current, valid, and unrestricted)

State or territory of issuance: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ (mm/dd/yy)

**V. BLS:** American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardiopulmonary Resuscitation) for the Professional Rescuer; or equivalent.

Training Type listed on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (mm/dd/yy)

**VI. Professional Employment:** List your current and preceding employers for the past 3 years.

**Name and Address of Present Employer**

**From**

**To**

(1) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work performed:

\_\_\_\_\_

\_\_\_\_\_

**V. (con't) Names and Addresses of Preceding Employers**

**From**

**To**

(2) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work performed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(3) \_\_\_\_\_

**From**

**To**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work performed:

\_\_\_\_\_

\_\_\_\_\_

Are you currently employed on a Navy contract? If so where is your current contract and what is the position?  
When does the contract expire? \_\_\_\_\_

**VII. Employment Eligibility**

Do you meet the requirements for U.S. Employment Eligibility contained in Attachment III?

(Circle one) Yes No

**VIII. Professional References**

Letters of recommendation from two practicing dentists and/or professors attesting to your clinical skills, patient rapport, etc. Recommendation letters must include name, title, phone number, date of reference, address and signature of individual providing the letter. Reference letters must have been written within the preceding two years.

**IX.** I hereby certify the above information to be true and accurate:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date) (mm/dd/yy)

**PRICING SHEET – GENERAL DENTIST**

**PERIOD OF PERFORMANCE**

Services are required from 7 January 2002 through 30 September 2002. Five option periods will be included which will extend services through 6 January 2007. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

**PRICING INFORMATION**

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Dentists in the Pensacola, FL area.

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense:  
(a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one Dentist at the Branch Dental Clinic Jacksonville, FL in accordance with this Application and the resulting contract.				
0001AA	Base Period; 7 Jan 02 thru 30 Sep 02	1528	Hrs	_____	_____
0001AB	Option Period I; 1 Oct 02 thru 30 Sep 03	2088	Hrs	_____	_____
0001AC	Option Period II; 1 Oct 03 thru 30 Sep 04	2096	Hrs	_____	_____
0001AD	Option Period III; 1 Oct 04 thru 30 Sep 05	2088	Hrs	_____	_____
0001AE	Option Period IV; 1 Oct 05 thru 30 Sep 06	2088	Hrs	_____	_____
0001AF	Option Period V; 1 Oct 06 thru 6 Jan 07	560	Hrs	_____	_____
TOTAL FOR CONTRACT LINE ITEM 0001					_____

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**LISTS OF ACCEPTABLE DOCUMENTS**  
**SUBMIT ONE FROM LIST A**  
**LIST A**

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

**OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C**

**LIST B**

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority
- For persons under age 18 who are unable to present a document listed above;**
10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

**LIST C**

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

**CENTRAL CONTRACTOR REGISTRATION APPLICATION  
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://ccr2000.com>. If you do not have internet access, please contact the CCR Customer Assistance Center at 1-888-227-2423 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

After you have completed registration, please forward this document along with your completed application package by the application due date to:

Naval Medical Logistics Command  
Acquisition Management Directorate  
ATTN: Code 022 (Mrs. Donna Blackstone)  
1681 Nelson Street  
Fort Detrick, MD 21702-9203

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Date CCR Form was submitted:** \_\_\_\_\_

**Assigned DUN & BRADSTREET #:** \_\_\_\_\_

**SMALL BUSINESS PROGRAM REPRESENTATIONS**

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ ( ) The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ ( ) The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ ( ) The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

**Section B**

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ Black American.
- ☐ Hispanic American.
- ☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name : \_\_\_\_\_

Notice of Contracting Opportunity No.: DB-02-02 - General Dentist

BUMEDINST 6320.66C  
14 Feb 2001

# APPENDIX J

## PERSONAL AND PROFESSIONAL INFORMATION SHEET PRIVILEGED PROVIDER

Complete all items and sections. List all dates as day-month-year. Use "NA" if not applicable. "Yes" answers require full explanation in the comments section or on an attached sheet of paper. Indicate the section number and subsection for those items being commented upon in attachments.

### 1. General

Last Name, First, MI: \_\_\_\_\_  
Alias (Last, First, MI): \_\_\_\_\_  
Grade: \_\_\_\_\_ Desig: \_\_\_\_\_ SSN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Branch of Service: \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Reporting Date: \_\_\_\_\_ PRD: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Office Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Local Address: \_\_\_\_\_  
Home Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### 2. Professional Education and Training (most recent first)

#### a. Basic Qualifying Degree (e.g., MD, DO, OD, MSW, or PhD)

Institution	Address	Credential	From	To

#### b. Internship (INT), Residency (RES), and Fellowship (FEL).

Institution	Address	Credential	From	To

### 3. Qualifying Certifications and Specialty Boards. Certification or recertification, issue date, and expiration date.

\_\_\_\_\_  
\_\_\_\_\_

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4. List all Licenses or Certificates by State or Federal Agency. Include all those that have been either voluntarily or involuntarily withdrawn.

a. License Information

License Number	State	Type	Expires

b. Drug Enforcement Agency Numbers

DEA Number	Expires	DEA Number	Expires

5. All Professional Assignments, Military and Civilian

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6. Academic Appointments

Institution	Full Address	Position	From	To

7. Professional Affiliations

Organization	Full Address	Office	From	To



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8. Continuing Education Credits for Past 2 Years. (For initial appointment only. Use practitioner's training file for renewal.)

a. Academic

Institution	Course Title/Subject	Credit Hours	Date

b. Contingency Training (indicate certified [C] or trained [T]).

Training	C/T	Expiration	Training	CT	Expiration
BLS			ACLS		
ATLS			CTTC		
C-4			CALS		
PALS					

9. Health Status and History (Answer "yes" or "no." Explain all "yes" answers in comments section).

- \_\_\_\_\_ a. Do you currently have any physical or mental impairments that could limit your clinical practice?
- \_\_\_\_\_ b. Are you currently taking any medications?
- \_\_\_\_\_ c. Do you have a potentially-communicable disease?
- \_\_\_\_\_ d. Have you been hospitalized for any reason during the last 5 years?
- \_\_\_\_\_ e. Have you ever been psychiatrically hospitalized or diagnosed with a major psychiatric disorder?
- \_\_\_\_\_ f. Are you currently under or have you ever received treatment for an alcohol or drug-related condition?
- \_\_\_\_\_ g. Have you ever been involved in the unlawful use of controlled substances?

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Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Malpractice, Licensure, Privileging Action, and Legal History. (Answer "yes" or "no." Explain all "yes" answers in comments section.)

\_\_\_\_\_ a. Have you ever been denied staff appointment or had your ,privileges suspended, limited, revoked, or renewal denied?

\_\_\_\_\_ b. Have you ever been the subject of a malpractice claim? (Indicate final disposition or current status of claim in comments.)

\_\_\_\_\_ c. Have you ever been a defendant in a felony or misdemeanor case? (Indicate final disposition of case in comments.)

\_\_\_\_\_ d. Have you ever voluntarily or involuntarily withdrawn or reduced your staff appointment with clinical privileges?

\_\_\_\_\_ e. Has there been previously successful or currently pending challenges, revocation, or restriction to any licensure, certification, or registration (State, district, or Drug Enforcement Agency) to practice in any jurisdiction, or the voluntary/involuntary relinquishment of such licensure, certification, or registration?

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Moonlighting information. (Specify other facilities where you currently hold clinical privileges.)

Institution	Full Address	Department	Priv Spec

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12. Other information. (Include any additional information that you wish to bring to the attention of the privileging authority.)

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\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)